PAGE 1 / 17

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Author	nizea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
People's Action Move	ment		
<u> </u>			
ADDRESS (number and street)	810 N. Milwaukee Avenue		
▼ Check if different			
than previously reported. (ACC)	Chicago		IL 60642 –
2. FEC IDENTIFICATION N	UMBER ▼ CITY A	\	STATE ▲ ZIP CODE ▲
C C00567479	3. IS T	1.4	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:		(Non-Election Year Only)
(a) Quarterly Reports:	Mar 20		(Non-Election Year Only)
April 15 Quarterly Report (O1)	Jul 20 (M7)	
July 15 Quarterly Report ((c) 12-Day	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (·	
January 31 Year-End Report (YE) Election o	n 11 08	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election o	m / D D /	in the State of
5. Covering Period 1		through 10	19 2016
-	his Report and to the best of my Geise, Tara, M., ,	knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er		
Signature of Treasurer	ee, Tara, M., ,	[Electronically Filed]	Date 10 / 27 / 2016
NOTE: Submission of false, error	neous, or incomplete information m	ay subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name People's Action Movement 10 01 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 205.15 January 1, 2016 (b) Cash on Hand at 190931.76 Beginning of Reporting Period..... 5296.59 459467.64 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 459672.79 196228.35 6(a) and 6(c) for Column B)..... 188920.17 452364.61 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 7308.18 7308.18 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

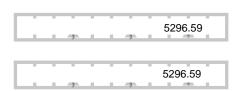
of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name People's Action Movement 01 10 2016 10 19 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 100.00 442993.87 (i) Itemized (use Schedule A)..... 20.00 1349.00 (ii) Unitemized (iii) TOTAL (add 444342.87 120.00 Lines 11(a)(i) and (ii).................▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 5176.59 5863.80 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 450206.67 5296.59 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 9260.97 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶



0.00

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Ţ	Ţ	Τ	Ţ		459467.64

0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Caroniaa Tour to Suite		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4 4			
Expenditures	65826.37	120840.09		
(add 21(a)(i), (a)(ii), and (b))▶	65826.37	120840.09		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	0.00	0.00		
and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	118093.80	118093.80		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4			
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	4 4	4 4		
(b) Political Party Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	5000.00	213430.72		
Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6)	20))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add		7 7 7		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	188920.17	452364.61		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	400000 47			
nom Ene or,	188920.17	452364.61		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Dispursements	Page 5		
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5296.59	450206.67		
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5296.59	450206.67		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	65826.37	120840.09		
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	65826.37	120840.09		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE		6	OF	17		
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) People's Action Movement			
Full Name of Individual (Last, First, Middle In Baldwin, Allister, , , Mailing Address 4808 Longridge Ave, #210 City Los Angeles FEC ID number of contributing federal political committee. Name of Employer (for Individual) Amgen, Inc. Receipt For: Primary Other (specify) Still Name of Individual (Last, First, Middle Individual)	State Zip 0 CA 91 C Occupation (f Medical Doctor Aggregate Year-to-D	Code 423 or Individual) or pate ▼ 400.00	Date of Receipt 10 12 2016 Transaction ID: SA11AI.5085 Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle II Mailing Address City		on Name	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify) ▼	Occupation (f		Amount of Each Receipt this Period Memo Item
Full Name of Individual (Last, First, Middle In Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For:		Code or Individual)	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period Memo Item
Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)		>	100.00
TOTAL This Period (last page this line numbe	r only)		100.00

S 17

00	SUEDIUE A /FEC Form 3V)			1 1
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 17 (check only one)
ITEMIZED RECEIPTS			for each category of the	,
			Detailed Summary Page	11a 11b X 11c 12
Δρ	y information copied from such Reports and Sta	tomonte m	nay not be sold or used by any n	
	for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)			
I/	People's Action Movement			
	Full Name of Individual (Last, First, Middle Initia	al) or Full (Organization Name	
Α.	USACTION FUND FOR A TRUE MAJOR		Sigamzation Name	Date of Receipt
	Mailing Address 1825 K STREET, N.W., SUITE	210		M = M / D = D / Y = Y = Y
	, ,			10 05 2016
	City	State	Zip Code	Transaction ID : SA11C.5079
	WASHINGTON	DC	20006	Amount of Each Receipt this Period
	FEC ID number of contributing			5176.59
	federal political committee.	C co	00442103	5170.59
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
				_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		5470.50	1
	Other (specify) ▼		5176.59	
_	Full Name of Individual (Lond Finel Middle Indi	-IV Fig. (Onne die alie a News	
В.	Full Name of Individual (Last, First, Middle Initia	ai) or Fuil C	Organization Name	Date of Receipt
υ.	Mailing Address			Man / Dab / Yayayay
	maining / tautooo	W = W / B = B / T = T = T = T		
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing	С		
	federal political committee.			4 4
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	, . , . , ,		(
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		<u> </u>	
_	Full Names of Individual (Lost First Middle Indi	-I) F.·II (Overanimation Name	
C.	Full Name of Individual (Last, First, Middle Initia	ai) or Full (organization Name	Date of Receipt
J .	Mailing Address			M M / D D / Y Y Y Y
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing	С		
	federal political committee.			
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
	F - 7 3. (12		, (_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	33 - 3 - 11		1
	Other (specify)		4-14-14-1	
	UBTOTAL of Receipts This Page (optional)			5176.59

TOTAL This Period (last page this line number only).....

5176.59

17

SCHEDULE B (FEC Form 3X)	llee		FOR LINE	NUMBER:	PAGE 8 OF 17		
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one)] 00	
	Detailed S	Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b	
Any information copied from such Departs and Chateren	onte mau -	not he cold or					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
People's Action Movement							
Full Name (Last, First, Middle Initial)				Date of I	Disburseme	at .	
A. Geise2 Strategies				Date of L			
Mailing Address 4320 S. Thatcher Ave.				10	04	2016	
City	State	Zip Code					
Tampa	FL	33611		FEC Ider	tification N	umber	
Purpose of Disbursement				С			
Compliance Consulting Fee					saction ID :	SB21B.5072	
Candidate Name			Category/	Amount o	of Each Dis	bursement this Period	
Office Sought: House Disbursen	ent For:		Туре			747.50	
	Primary	General			7	7 7	
	Other (spec			Mam	o Item		
State: District:				Mem	o item		
Full Name (Last, First, Middle Initial)							
B. NH Citizens Alliance for Action				Date of [Disburseme	nt	
Moiling Address 4 D 1 O 0 1 Oo4				M M / D D / Y Y Y Y Y			
Mailing Address 4 Park St. Suite 304				10	11	2016	
City	State	Zip Code		EEC Idor	tification N	ımbor	
00.100.0	NH	03301			uncation in	umber	
Purpose of Disbursement Contribution							
Candidate Name				1	SB21B.5076		
Canadate Name			Category/ Type	Amount o	bursement this Period		
Office Sought: House Disbursen	nent For:		1,700	1		53000.00	
Senate	Primary	General			7	4 4	
	Other (spec	cify)		Mem	o Item		
State: District:							
Full Name (Last, First, Middle Initial)				D			
C. Rights & Democracy Project					Disburseme		
Mailing Address 70 South Winooski Ave.				10	11	2016	
Bex #205							
,	State	Zip Code		FEC Ider	tification N	umber	
Burlington Purpose of Disbursement	VT	05401					
Contribution	C						
Candidate Name			: SB21B.5077 bursement this Period				
			Category/ Type	/ inodifi (Carcomont tillo i criod	
Office Sought: House Disbursen	nent For:			1 L	7	12000.00	
	Primary	General					
	Other (spec	city) ▼		Mem	o Item		
State: District:							
SUBTOTAL of Disbursements This Page (optional)						65747.50	
CODICIONAL OF DISSURDING THIS Fago (optional)				-	7	7 7	
TOTAL This Period (last page this line number only).						65747.50	

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page			NUMBER: PAGE 9 OF 17 one) 22 23 26 27
			28a	28b 28c x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) People's Action Movement) _[=odi		
Full Name (Last, First, Middle Initial)				
MPA Campaign Vote!				Date of Disbursement
Mailing Address 656 Congress St. #200				10 11 2016
City S Portland	State Zip C ME 0410			FEC Identification Number
Purpose of Disbursement Non-Federal Contribution				C
Candidate Name			Category/ Type	Transaction ID: SB29.5073 Amount of Each Disbursement this Period
	Primary	General		3000.00
State: District:	Other (specify) ▼			Memo Item
Full Name (Last, First, Middle Initial)				
Rebuild Maine				Date of Disbursement
Mailing Address 35 Community Drive				10 11 2016
,	State Zip C ME 043			FEC Identification Number
Purpose of Disbursement Non-Federal Contribution	043			C Transaction ID - CP00 5074
Candidate Name			Category/ Type	Transaction ID: SB29.5074 Amount of Each Disbursement this Period
	Primary 0	General		2000.00
President State: District:	Other (specify)			Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				M M / D D / Y Y Y Y
City	State Zip C	Code		FEC Identification Number
Purpose of Disbursement		C		
Candidate Name	Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbursement For: Senate Primary General Other (specify)				П м
State: District:	. (-pii)/ V			Memo Item
SUBTOTAL of Disbursements This Page (optional)				5000.00
TOTAL This Period (last page this line number only)				5000.00

TEMIZED INDEPENDENT EXPENDITURES				PAGE 10 OF 17		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
People's Action Movement				FEC IDENTIFICATION NUMBER ▼		
·				C C00567479		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y		
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
Keystone Progress				10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 201 Washington St.				Amount		
#534 City	State	Zip Code		14823.13		
Reading	PA	19601		Transaction ID : SE.5064 Date of Disbursement or Obligation		
Purpose of Expenditure Field Program - Stop Trump		Category/ Type		10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		Support	Office	e Sought: House District:		
TRUMP, DONALD J., , ,		M Oppose		President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	7 7	86823.13	Disbu 2016	ursement For: Primary		
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
Keystone Progress				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 201 Washington St.						
#534				Amount		
City	State	Zip Code		1430.60		
Reading	PA	19601		Transaction ID : SE.5066 Date of Disbursement or Obligation		
Purpose of Expenditure Printing - Stop Trump		Category/ Type		10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		Support	Office	e Sought: House District:		
TRUMP, DONALD J., , ,		x Oppose	×	President Senate State:		
Calendar Year-To-Date		88253.73		ursement For: Primary X General		
Per Election for Office Sought	7 7	00200.70	2016	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures						
			r			
(a) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Geise, Tara, M., ,	[Flootronicall. F:1	adl	М	M / D D / Y Y Y Y		
Signature	[Electronically Fil	eaj Date	9 1	0 27 2016		

FEMIZED INDEPENDENT EXPENDITURES				PAGE 11 OF 17		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
People's Action Movement				FEC IDENTIFICATION NUMBER ▼		
				C C00567479		
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
Keystone Progress				10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 201 Washington St.			Amo	unt		
#534	Ctata	Zin Codo		12029 14		
City	State	Zip Code		13938.14		
Reading	PA	19601		saction ID : SE.5107 of Disbursement or Obligation		
Purpose of Expenditure Field Program - Stop Trump		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		Support	Office Sou	aht: House District:		
TRUMP, DONALD J., , ,		X Oppose	x Presi	,		
Calendar Year-To-Date Per Election for Office Sought	7	102191.87	Disburseme 2016	ent For: Primary		
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination		
Keystone Progress				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 201 Washington St.						
#534			Amo	unt		
City	State	Zip Code		1770.00		
Reading	PA	19601		nsaction ID : SE.5108 of Disbursement or Obligation		
Purpose of Expenditure Printing - Stop Trump		Category/ Type		10 07 Y 2016		
Name of Federal Candidate:		Support	Office Soug	ght: House District:		
TRUMP, DONALD J., , ,		x Oppose	X Presi	dent Senate State:		
Calendar Year-To-Date		102061 97	Disburseme	ent For: Primary 🗶 General		
Per Election for Office Sought	7 7	103961.87	2016	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures						
(a) SUBTOTAL of Unitemized Independent Expenditures						
(a) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Geise, Tara, M., ,			M = M /	D D / Y Y Y Y		
	[Electronically Fil	<i>led]</i> Date	9 10	27 2016		
Signature						

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 17 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
People's Action Movement				C C00567479	
				0 000001410	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M	
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination	
Keystone Progress				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 201 Washington St.			Amou	ınt	
#534		T 0 1		10000 10	
City	State	Zip Code		13938.13	
Reading	PA	19601		saction ID : SE.5116 of Disbursement or Obligation	
Purpose of Expenditure Field Program - Stop Trump		Category/ Type		10 07 7 2016	
Name of Federal Candidate:		Support	Office Soug	ht: House District:	
TRUMP, DONALD J., , ,		✗ Oppose	x Presid		
Calendar Year-To-Date Per Election for Office Sought		117900.00	Disburseme	, ,	
	7			Other (specify)	
Full Name of Payee People's Action		Memo		of Public Distribution/Dissemination	
A4.77 A 11				10 15 2016	
Mailing Address 810 N. Milwaukee Ave.			Amou	ınt	
City	State	Zip Code	— r	2421.99	
Chicago	IL	60642		saction ID : SE.5060 of Disbursement or Obligation	
Purpose of Expenditure	1	Category/		M M / D D / Y Y Y	
Payroll & Benefits - Stop Trump		Type	-	10 06 2016	
Name of Federal Candidate:		Support	Office Soug	ht: House District:	
TRUMP, DONALD J., , ,		Oppose	X Presid	lent Senate State:	
Calendar Year-To-Date		' district	Disburseme	nt For: Primary 🗶 General	
Per Election for Office Sought	7 7	2421.99	2016	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			· -	16360.12	
(a) SUBTOTAL of Unitemized Independent Expenditure	res		>		
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Geise, Tara, M., ,	Electronically Fil	ed1	M = M /	07 / Y Y Y Y Y Y	
Signature	omoung 1 ti	Date	10	27 2016	

TEMIZED INDEPENDENT EXPENDITORES				PAGE 13 OF 17 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
People's Action Movement				C C00567479	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y	
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination	
People's Action				10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 810 N. Milwaukee Ave.			Am	ount	
City	State	Zip Code	-	5136.58	
Chicago	IL	60642		insaction ID : SE.5061 e of Disbursement or Obligation	
Purpose of Expenditure Payroll & Benefits - Stop Trump		Category/ Type		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		Support	Office Sou	ıght: House District:	
TRUMP, DONALD J., , ,		X Oppose	✗ Pres	sident Senate State:	
Calendar Year-To-Date Per Election for Office Sought	7 7	7558.57	Disbursem 2016	nent For:	
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination	
People's Action				10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 810 N. Milwaukee Ave.					
			Am	ount	
City Chicago	State	Zip Code 60642	Tra	10754.07 ansaction ID : SE.5062	
Purpose of Expenditure	IL	00042		e of Disbursement or Obligation	
Field Program - Stop Trump		Category/ Type		10 06 7 2016	
Name of Federal Candidate:		Support	Office Sou	ught: House District:	
TRUMP, DONALD J., , ,		x Oppose	X Pres	sident Senate State:	
Calendar Year-To-Date		18312.64	Disbursem	nent For: Primary Seneral	
Per Election for Office Sought	T-1-T-		2010	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures				15890.65	
(a) SUBTOTAL of Unitemized Independent Expenditur	es		· •		
(a) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Geise, Tara, M., ,	Electronically Fil	ed] _	M M	/ D D / Y Y Y Y Y Y 2016	
Signature		Date	e 10	27 2016	

PAGE 14 OF 17 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ People's Action Movement C00567479 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee People's Action 15 2016 Mailing Address 810 N. Milwaukee Ave. Amount City State Zip Code 814.80 Chicago IL 60642 Transaction ID: SE.5063 Date of Disbursement or Obligation Purpose of Expenditure Category/ Printing - Stop Trump 10 06 2016 Type Name of Federal Candidate: Support Office Sought: House District: TRUMP, DONALD J., , , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 19127.44 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item People's Action 2016 23 10 Mailing Address 810 N. Milwaukee Ave. Amount 15412.22 City State Zip Code Transaction ID: SE.5103 Chicago IL 60642 Date of Disbursement or Obligation Purpose of Expenditure Category/ Payroll & Benefits - Stop Trump 2016 10 Type Name of Federal Candidate: Support Office Sought: House District: TRUMP, DONALD J., , , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 34539.66 2016 Per Election for Office Sought Other (specify) ▶ 16227.02 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Geise, Tara, M.,, [Electronically Filed] 27 2016 Date Signature

TEMIZED INDEFENDENT EXPENDITORES	,			PAGE 15 OF 17
NAME OF COMMITTEE (In Fall)				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
People's Action Movement				C C00567479
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ite of Public Distribution/Dissemination
People's Action				10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 810 N. Milwaukee Ave.			An	nount
City	State	Zip Code	<u> —</u> Г	540.00
Chicago	IL	60642		ansaction ID : SE.5104 tte of Disbursement or Obligation
Purpose of Expenditure Printing - Stop Trump	-	Category/ Type		10 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ought: House District:
TRUMP, DONALD J., , ,		X Oppose	X Pre	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	35079.66	Disburser 2016	ment For: Primary
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
People's Action				10 23 / Y 2016
Mailing Address 810 N. Milwaukee Ave.			An	nount
Ott		75- 0-1-	— г	10754.07
City Chicago	State IL	Zip Code 60642		ransaction ID : SE.5106
Purpose of Expenditure		Category/	Da	ate of Disbursement or Obligation
Field Program - Stop Trump		Type	_	10 06 2016
Name of Federal Candidate:		Support	Office So	ought: House District:
TRUMP, DONALD J., , ,		x Oppose	X Pre	esident Senate State:
Calendar Year-To-Date		45833.73	Disburser	ment For: Primary General
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s			11294.07
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(a) TOTAL Independent Evpanditures				
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized	•		•
Geise, Tara, M., ,	[Electronically File	[ed] Date	e 10	/ DDD / YDY YDY YD Y 2016
Signature		_ Date	10	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 17	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
People's Action Movement				FEC IDENTIFICATION NUMBER ▼	
·				C C00567479	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item C	Date of Public Distribution/Dissemination	
People's Action				10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 810 N. Milwaukee Ave.			Δ.	mount	
City	State	Zip Code		15412.21	
Chicago	IL	60642		Fransaction ID : SE.5115 Date of Disbursement or Obligation	
Purpose of Expenditure Payroll & Benefits - Stop Trump		Category/ Type		10 06 7 2016	
Name of Federal Candidate:		Support	Office S	Sought: House District:	
TRUMP, DONALD J., , ,		x Oppose	X P	resident Senate State:	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	61245.94	Disburse 2016	ement For:	
Full Name of Payee		☐ Memo	Item C	Date of Public Distribution/Dissemination	
People's Action				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 810 N. Milwaukee Ave.					
OTO IN. IVIIIWAUNGE AVE.			Δ	umount	
City	State	Zip Code		10754.06	
Chicago	IL	60642		Transaction ID : SE.5117 Date of Disbursement or Obligation	
Purpose of Expenditure Field Program - Stop Trump		Category/ Type		10 06 7 2016	
Name of Federal Candidate:		Support	Office S	Sought: House District:	
TRUMP, DONALD J., , ,		x Oppose	X P	resident Senate State:	
Calendar Year-To-Date		70000 00		ement For: Primary X General	
Per Election for Office Sought	7 7	72000.00	2016	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	;			26166.27	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Geise, Tara, M., ,	[Electronically E2]	adl	M = M	/ D D / Y T Y T Y	
Signature	[Electronically Fil	eaj Date	10	27 2016	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 17
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
People's Action Movement				FEC IDENTIFICATION NUMBER ▼
·				C C00567479
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	=M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
People's Action			[10 14 2016
Mailing Address 810 N. Milwaukee Ave.			Amou	int
City	State	Zip Code	— I Г	193.80
Chicago	IL	60642		saction ID : SE.5057 of Disbursement or Obligation
Purpose of Expenditure Website - Stop Trump		Category/ Type		10 15 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TRUMP, DONALD J., , ,		Oppose	x Presid	
Calendar Year-To-Date Per Election for Office Sought	7	118093.80	Disbursemen 2016	nt For: Primary
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
·				M M / D D / Y Y Y Y
Mailing Address				
			Amou	ınt
City	State	Zip Code	$-\Box$	
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type] [M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
		Oppose	Presid	
Calendar Year-To-Date			Disburseme	nt For: Primary General
Per Election for Office Sought	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [193.80
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	118093.80
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Geise, Tara, M., ,	[Electronically Fil	led l	M = M /	D D / Y Y Y Y Y
Signature	_L ысси описшу Г и	Date	10	27 2016